

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
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Office Use Only
FEDERAL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Farmers Mutual Hail Insurance Company of Iowa
Political Action Committee

ADDRESS (number and street) 6785 Westown Parkway
West Des Moines IA 50266-7727

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00117614

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☒ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

- (b) Monthly Report Due On:
☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period 1/1/2014 through 12/31/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Scott McEntee

Signature of Treasurer

Date

01/10/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period:

From:

1 1 / 2 5 / 2 0 1 4

To:

1 2 / 3 1 / 2 0 1 4

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	2 0 1 4	4 9 7 7 1 7 8
(b) Cash on Hand at Beginning of Reporting Period.....	4 4 6 3 1 6 7	
(c) Total Receipts (from Line 19)	2 0 0 6 7 6	1 3 6 8 1 6 5
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4 6 6 3 8 4 3	6 3 4 5 3 4 3
7. Total Disbursements (from Line 31).....		1 6 8 1 5 0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4 6 6 3 8 4 3	4 6 6 3 8 4 3
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period:

From:

MM / DD / YYYY
11 / 25 / 2014

To:

MM / DD / YYYY
12 / 31 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1 6 1 0 8 0

1 0 6 8 5 7 7

(ii) Unitemized.....

3 9 4 2 4

2 2 5 4 1 6

(iii) TOTAL (add
Lines 11(a)(i) and (ii)).....▶

2 0 0 5 0 4

1 3 6 7 9 9 3

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

2 0 0 5 0 4

1 3 6 7 9 9 3

12. Transfers From Affiliated/Other
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

17. Other Federal Receipts
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

1 7 2

1 7 2

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

2 0 0 6 7 6

1 3 6 8 1 6 5

20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶

2 0 0 6 7 6

1 3 6 8 1 6 5

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		6 5 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		6 5 0 0
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		1 4 0 0 0 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		2 7 5 0 0 0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		1 6 8 1 5 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		1 6 8 1 5 0 0

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-
penditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans)
(from Line 11(d), page 3)
34. Total Contribution Refunds
(from Line 28(d))
35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b)) ►
37. Offsets to Operating Expenditures
(from Line 15, page 3).....
38. Net Operating Expenditures
(subtract Line 37 from Line 36) ►

2	0	0	5	0	4

1	3	6	7	9	9	3

6	5	0	0

6	5	0	0

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

Rutledge, Ronald P.

Date of Receipt

MM / DD / YYYY
Payroll Deduction

Mailing Address

240 Linden Drive

City

Waukee

State

Iowa 50263

Zip Code

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 6 4 8 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

President FMH

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9 8 9 0 4

Full Name (Last, First, Middle Initial)

Roggenburg, Darin

Date of Receipt

MM / DD / YYYY
Payroll Deduction

Mailing Address

2035 134th Street

City

Clive, Iowa 50325

State

Zip Code

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 2 0 8 0

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

CFO FMH

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8 2 6 6 0

Full Name (Last, First, Middle Initial)

Rutledge, Shannon

Date of Receipt

MM / DD / YYYY
Payroll Deduction

Mailing Address

2273 NE 88th Street

City

Altoona, Iowa 50009

State

Zip Code

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 1 1 0 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

SVP FMH

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7 5 5 7 6

SUBTOTAL of Receipts This Page (optional).....▶

3 9 6 6 8

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: **PAGE 2** OF 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial) **Faga, Patrick**

Date of Receipt

☐ Payroll ☐ Deduction

Mailing Address
735 Roosevelt Street

City **Story City, Iowa** State Zip Code **50248**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Amount of Each Receipt this Period

9 8 0 0

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **SVP FMH**

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
6 7 5 0 0

Date of Receipt

☐ Payroll ☐ Deduction

Full Name (Last, First, Middle Initial) **Ladehoff, Debbie**

Mailing Address
2676 Brookview LN

City **Van Metter, IA** State Zip Code **50261**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Amount of Each Receipt this Period

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **AVP Training and Devel**

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
3 0 0 0 0

Date of Receipt

☐ Payroll ☐ Deduction

Full Name (Last, First, Middle Initial) **Johnson, Kevin**

Mailing Address
1783 Maple Ct

City **Winterset, IA.** State Zip Code **50273**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Amount of Each Receipt this Period

7 8 8 4

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **VP Sales**

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5 0 6 5 8

SUBTOTAL of Receipts This Page (optional).....▶

1 7 6 8 4

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: **PAGE 3** OF 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name (Last, First, Middle Initial) Ewart, Larry		Date of Receipt
Mailing Address 15188 Bryn Mawr		<input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Deduction
City Clive, IA. 50325	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		8 1 2 4
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation VP Claims	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5 3 3 2 3	
B. Full Name (Last, First, Middle Initial) Krohn, Grant E.		Date of Receipt
Mailing Address 26818 N Avenue		<input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Deduction
City Adel, IA 50003	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		6 9 3 2
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Asst VP Quality Control	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4 4 3 1 8	
C. Full Name (Last, First, Middle Initial) Liljedahl, Ken		Date of Receipt
Mailing Address 8935 Lyndhurst		<input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Deduction
City Johnston, IA 50131	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		6 0 1 2
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation VP Operations	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3 8 9 9 0	
SUBTOTAL of Receipts This Page (optional).....▶		2 1 0 6 8
TOTAL This Period (last page this line number only).....▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial) Fischer, Steve

Date of Receipt

Mailing Address
603 13th St. SE

MM	DD	YY
Payroll	Deduction	

City State Zip Code
Altoona, IA. 50009

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee. C 0 0 1 1 7 6 1 4

8	0	0	0
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Name of Employer Occupation
Farmers Mutual Hail Ins. Co. VP HR

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5 4 6 0 0

Date of Receipt

Full Name (Last, First, Middle Initial) Church, Lisa

Mailing Address
813 Edgewater Drive

MM	DD	YY
Payroll	Deduction	

City State Zip Code
Polk City, IA 50226

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee. C 0 0 1 1 7 6 1 4

1	0	0	0	0
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Name of Employer Occupation
Farmers Mutual Hail Ins. Co. R&D Analyst

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
6 0 0 0 0

Date of Receipt

Full Name (Last, First, Middle Initial) Anderson, Cindi M

Mailing Address
15934 Rosewood Ct

MM	DD	YY
Payroll	Deduction	

City State Zip Code
Clive, IA 50325

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee. C 0 0 1 1 7 6 1 4

4	0	3	2
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Name of Employer Occupation
Farmers Mutual Hail Ins. Co. AVP Crop Ins Data Analyst

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2 6 1 8 2

SUBTOTAL of Receipts This Page (optional).....▶

2	2	0	3	2
---	---	---	---	---

TOTAL This Period (last page this line number only).....▶

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name (Last, First, Middle Initial) Doud, Constance S.		Date of Receipt
Mailing Address 5200 Pond View Cir		<input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Deduction
City Des Moines, IA 50317	State Zip Code	Amount of Each Receipt this Period 4 1 2 4
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Senior R&D Analyst	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 6 7 4 6	
B. Full Name (Last, First, Middle Initial) Tjeerdsma, Bryant J		Date of Receipt
Mailing Address 8855 Kingman Dr		<input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Deduction
City West Des Moines, IA 50266	State Zip Code	Amount of Each Receipt this Period 4 7 6 4
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation AVP Crop Insurance Underwrite	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3 0 7 3 6	
C. Full Name (Last, First, Middle Initial) Marion Ball		Date of Receipt
Mailing Address 13934 Buena Vista Drive		<input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Deduction
City Urbandale, IA 50323	State Zip Code	Amount of Each Receipt this Period 3 6 6 0
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Asst VP Claims	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 3 7 4 0	
SUBTOTAL of Receipts This Page (optional).....▶		1 2 5 4 8
TOTAL This Period (last page this line number only).....▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dave Benes

Mailing Address

609 Meadowlark Drive

City

State

Zip Code

Grimes, IA 50111

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

State Suprv Iowa

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 4 9 5 6

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

3 8 4 8

Full Name (Last, First, Middle Initial)

B. Nancy Bockleman

Mailing Address

6390 Beechtree Unit #1101

City

State

Zip Code

West Des Moines, IA 50266

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Accounting Manager II

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 3 7 1 6

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

3 6 6 0

Full Name (Last, First, Middle Initial)

C. Mryon Hall

Mailing Address

4102 NE 48th Street

City

State

Zip Code

Des Moines, IA. 50317

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Software Developer III

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 3 6

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

4 0 2 4

SUBTOTAL of Receipts This Page (optional).....▶

1 1 5 3 2

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: **PAGE 7** OF **10**

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name (Last, First, Middle Initial) Jeffery Hayes		Date of Receipt
Mailing Address 14815 Goodman Court		<input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Deduction
City Urbandale, IA 50323	State Zip Code	Amount of Each Receipt this Period 4 5 5 2
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Application Admin III	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 6 7 3 0	
B. Full Name (Last, First, Middle Initial) Aaron Rutledge		Date of Receipt
Mailing Address 1525 Prairie Ridge Dr		<input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Deduction
City Polk City, IA 50266	State Zip Code	Amount of Each Receipt this Period 3 5 5 6
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Claims Analyst II	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 3 8 4 2	
C. Full Name (Last, First, Middle Initial) Mark Vetter		Date of Receipt
Mailing Address 17349 Berkshire Pkwy		<input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Deduction
City Clive, IA 50325	State Zip Code	Amount of Each Receipt this Period 4 0 0 0
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation AVP - Claims	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 5 8 0 0	
SUBTOTAL of Receipts This Page (optional).....▶		1 2 1 0 8
TOTAL This Period (last page this line number only).....▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 10
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name (Last, First, Middle Initial) Vickie Bell		Date of Receipt
Mailing Address 1017 Marshall St		<input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Deduction
City DeSota, IA 50069-1053	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		3 6 1 2
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Accounting Manager I	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 3 4 4 0	
B. Full Name (Last, First, Middle Initial) Karen Daugherty		Date of Receipt
Mailing Address 418 N. Central Ave		<input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Deduction
City Lacona, IA 50139	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		3 7 6 0
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation AVP/CH Operations	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 3 3 7 2	
C. Full Name (Last, First, Middle Initial) Jim Hanson		Date of Receipt
Mailing Address 32639 Clay Bank Road		<input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Deduction
City Erhard, MN 56534	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		3 2 0 0
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation State Supervisor Sales	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 0 6 0 0	
SUBTOTAL of Receipts This Page (optional).....▶		1 0 5 7 2
TOTAL This Period (last page this line number only).....▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jill Pfannebecker

Mailing Address

1410 Rosenkranz Drive

City

State

Zip Code

Waukee, IA 50263

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Accounting Manager I

Receipt For:

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2 3 1 2 2

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

3 7 2 0

Full Name (Last, First, Middle Initial)

B. John Ross

Mailing Address

402 S. Lincoln Avenue

City

State

Zip Code

Fowler, IN 47944

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Area Claims Manager

Receipt For:

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 4 1 2

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

3 1 4 8

Full Name (Last, First, Middle Initial)

C. Julie Stillman

Mailing Address

4000 146th

City

State

Zip Code

Urbandale, IA 50323

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Senior Accountant I

Receipt For:

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 0 1 6

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

3 3 3 6

SUBTOTAL of Receipts This Page (optional).....▶

1 0 2 0 4

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: **PAGE 10 OF 10**

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

John Swallow

Date of Receipt

MM	DD	YY
Payroll	Deduction	

Amount of Each Receipt this Period

3	6	6	4
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A.

Mailing Address

3708 Boulder Circle

City

State

Zip Code

West Des Moines, IA 50265

FEC ID number of contributing
federal political committee.

C	0	0	1	1	7	6	1	4
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Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

AVP Claims

Receipt For:

<input type="checkbox"/>
<input type="checkbox"/>

Primary

☒

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2	3	6	0	2
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B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C	0	0	1	1	7	6	1	4
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Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Receipt For:

<input type="checkbox"/>
<input type="checkbox"/>

Primary

☒

General

Other (specify) ▼

Aggregate Year-to-Date ▼

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C	0	0	1	1	7	6	1	4
---	---	---	---	---	---	---	---	---

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Receipt For:

<input type="checkbox"/>
<input type="checkbox"/>

Primary

☒

General

Other (specify) ▼

Aggregate Year-to-Date ▼

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Date of Receipt

MM	DD	YY
Payroll	Deduction	

Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional).....▶

3	6	6	4
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TOTAL This Period (last page this line number only).....▶

1	6	1	0	8	0
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Farmers Mutual Hail
Insurance Company of Iowa
6785 Westown Parkway | West Des Moines, Iowa 50266

PLACE STICKER AT TOP OF ENVELOPE OR FRONT OF THE RETURN ADDRESS LABEL

CERTIFIED MAIL



7012 1640 0001 2958 0721




CPU U.S. POSTAGE
\$ 7.610
PB 1P 000
3661528
FCMF
MAILED JAN 15 2015
50266

Federal Election Commission
999 E Street NW
Washington DC 20463

R
2015 JAN
FEC 1

Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	1/21/2015 DATE PREPARED

(8/2013)